

# DO/ EO WORKSHEET

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U.S. Appl. No. 10/ 587711

International Appl. No. PCT/ JP05/1088

Application filed by : ☐ 20 months ☒ 30 months

## WIPO PUBLICATION INFORMATION :

Publication No.: WO2005/73392 Publication Language : ☐ English ☐ German ☒ Japanese ☐ Chinese ☐ Korean  
☐ French ☐ Spanish ☐ Russian ☐ Other : \_\_\_\_\_  
 Publication Date : 8 11 2005 Not Published : ☐ U.S. only designated ☐ EP request Published : ☐ EP request

## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

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| <input checked="" type="checkbox"/> International Application (RECORD COPY)                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> PCT/IB/306                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Article 19 Amendments                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Request form PCT/RO/101                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> PCT/IPEA/409 IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____                                                                                                     | <input checked="" type="checkbox"/> PCT/ISA/210 - Search Report : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ <input type="checkbox"/> NONE |
| <input type="checkbox"/> Annexes to 409                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Search Report References                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> PCT/ISA/237 : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____<br><input type="checkbox"/> PCT/IPEA/409 or PCT/ISA/237 was NOT AVAILABLE at the time of paralegal review | <input checked="" type="checkbox"/> Priority Document (s) No. <u>1</u><br><input type="checkbox"/> N/A<br><input type="checkbox"/> Priority Document was NOT AVAILABLE at the time of paralegal review                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Other : _____                                                                                                                                                                                                                                                                                                                                                                                                                |

## RECEIPTS FROM THE APPLICANT (other than checked above) :

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)                                                                                                                                                                                | <input type="checkbox"/> Preliminary Amendment(s) Filed on :<br>1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____              |
| <input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract                                                                                                                            | <input type="checkbox"/> Information Disclosure Statement(s) Filed on :<br>1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____   |
| <input type="checkbox"/> Drawing Figure(s) - (# of drwgs. _____)                                                                                                                                                                                                   | <input type="checkbox"/> Assignment Document (forwarded to Assignment Branch)                                                                       |
| <input type="checkbox"/> Translation of Article 19 Amendments<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> replaced by Article 34 Amendment | <input type="checkbox"/> Assignee Statement Under 37 CFR 3.73(b)                                                                                    |
| <input type="checkbox"/> Annexes to 409<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> no translation <input type="checkbox"/> other : _____  | <input type="checkbox"/> Assignee PG Publication Notice                                                                                             |
| <input checked="" type="checkbox"/> Application Data Sheet                                                                                                                                                                                                         | <input type="checkbox"/> Substitute Specification Filed on :<br>1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____              |
| <input type="checkbox"/> Power of Attorney                                                                                                                                                                                                                         | <input type="checkbox"/> Verified Small Status Statement                                                                                            |
| <input type="checkbox"/> Change of Address                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Oath/ Declaration (executed)                                                                                    |
|                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Oath/ Declaration <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship <input type="checkbox"/> other |
|                                                                                                                                                                                                                                                                    | <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing                                                                     |
|                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Other : _____                                                                                                              |

NOTES : ☐ I.A. used as Specification ☐ Other :

35 U.S.C. 371 - Receipt of Request (PTO-1390)	mo. <u>71</u> day <u>28</u> yr. <u>2006</u> <u>EP</u>
Date Acceptable Oath/ Declaration Received	<input type="checkbox"/> Same as 371 Req. Date; <input type="checkbox"/> mo. <u>1</u> day <u>1</u> yr. <u>200</u>
Date of Completion of requirements under 35 U.S.C. 371	<input type="checkbox"/> Same as 371 Req. Date; <input type="checkbox"/> Same as OATH Date; <input type="checkbox"/> mo. <u>1</u> day <u>1</u> yr. <u>200</u>
Date of Completion of DO/ EO 903 - Notification of Acceptance	
Date of Completion of DO/ EO 905 - Notification of Missing Requirements	
Date of Completion of DO/ EO 909 - Notification of Abandonment	
Date of Completion of DO/ EO 916 - Notification of Defective Response	
Date of Completion of DO/ EO 922 - Notification to Comply w/ Requirements for Patent Applications Containing Nucleotide and/or Amino Acid Sequence Disclosures	
Date of Completion of DO/ EO 923	